Gael D. Lindland, Esq. Tel: 734-741-8122 Fax: 734-741-8030





TO:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

FROM:

Gael D. Lindland

(Registration #51,952)

DATE:

February 25, 2005

Tel: 734-741-6122

Fax: 703-872-9306

No. of Pages (including

cover page): (7

Subject: CHANGE OF CORRESPONDENCE ADDRESS - APPLICATIONS

NOTES:

Dear Sir:

Please change the correspondence address for the following cases to Customer # 46909 with immediate effect. Enclosed herewith are duly executed copies of the Change of Correspondence Address and Form PTO/SB/96 for the respective cases.

Application #	Filing Date	Art Group
09/030,989	2/26/1998	3763
10/078,493	2/21/2005	2635
10/082,119	2/26/2002	3763
10/252,050	9/23/2002	3763
10/627,803	7/28/2003	3746
10/627.660	7/28/2003	TBA
10/686,668	10/17/2003	3737
10/826,250	4/19/2004	3763

Please call me if you have any questions.

Thank you.

Gael D. Lindland #51952

In-house Counsel/Patent Attorney

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CHANGE OF	Application Number	10/826,250
CORRESPONDENCE ADDRESS	Filing Date	4/19/2004
Application	First Named Inventor	Arthur Gershowitz
Address to:	Group Art Unit	3763
Commissioner for Patents	Examiner Name	Michael M. Thompson
P.O. Box 1450	Attorney Docket Number	032722-742
Alexandria, VA 22313-1450		

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I am the:						
☐ Applicant/Inventor						
Applicant/Inventor     Assignee of record of the entire interest	Ł					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)						
☐ Attorney or Agent of record. Registration Number						
<ul> <li>Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number</li> </ul>						
executed outil of deciding of the St. C	JFR 1.33(a)(1). Regionation	i Number				
Signature M 11 p	<del></del>					
90 KIN						
Typed or						
Printed Name J. B. Yang						
Date	Telephone					
2/24/05		741-6202				
NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total of One (1) forms are submitted.						

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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			STATE	MENT UNDER	37 CFR 3.73(L	ग्र
Applica	nt/Patent	Owner:	Terumo Cardio	vascular Systems C	<u>orporation</u>	
Applica	tion No./F	Patent No.	10/826,250		Filed/Issue Date: _	4/19/2004
Entitled	:	Retrograde Ca	ngula Having Mani	ually Refractable Se	aling Member	
	Terumo	Cardiovascular	Systems Corporat	on, a corpora	tion of Delaware	orabin university represent assume star)
		(Name of Assign	ee)	(Type of Assignee,	e.g., corporation, parti	ership, university, government agency, etc.)
states t	hat it is:					
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В.	□ nworla		from the inventor(	s), of the patent app	olication/patent identi	fied above, to the current assignee as
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The un	dersigned	1 (whose title is s	upplied below) is a	uthorized to act on	behalf of the assigne	<b>99</b> .
			m Mas			2/24/05
		•	Signature			Date
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